		2000-2001	1.4.2001 to 26.11.2001
19.	Sikkim	Nil	Nil
20.	Tamil Nadu	Nil	Nil
21.	Tripura	Nil	Nil
22.	Uttar Pradesh	2	Nil
23.	West Bengal	Nil	Nil
24.	Pondicherry	Nil	Nil
25.	Andaman & Nicobar Islands	Nil	Nil
26.	Chandigarh	Nil	Nil
27.	Delhi	1	1
28.	Dadara & Nagar Haveli	Nil	Nil
29.	Daman & Diu	Nil	Nil
30.	Lakshadweep	Nil	Nil
31	Andhra Pradesh	Nil	4
32	Arunachal Pradesh	Nil	Nil

Mother and Child Programme

3501. SHRI C.P. THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have started Mother and Child Programme aimed at reducing the risk of HIV transmission to the new-born;

(b) if so, the details thereof;

(c) whether the clinical tests of the drug used in the programme have been done;

(d) if so, the details thereof;

(e) whether side-effects of this drug have been reported by FDA; and

(f) if so, reaction of Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIA. RAJA): (a) to (f) In view of the emerging threat of transmission of HIV infection from HIV infected pregnant mother to her baby, Government of India has started the Prevention of Mother to Child Transmission

Programme, in the country. The feasibility study on prevention of mother to child transmission was initiated in March, 2000 in 11 Institutions located in five HIV high prevalence States namely: Maharashtra (5), Tamil Nadu (3), Andhra Pradesh (1), Karnataka (1), Manipur (1). The first phase of the study has been completed in September, 2001. In this phase of the study, short course regimen of Azidothymadine (AZT) was administered to pregnant mothers who attended ante natal clinics from 36 weeks of gestation and during labour at the above institutions. In the second phase of the feasibility study at these centres, single dose Nevirapine to both HIV infected mother and baby pair is being administered for prevention of mother to child transmission. This drug has an additional advantage over Azidothymadine as it is administered in single dose besides being cost effective as compared to short course regimen of Azidothymadine.

Encouraged with the results of the feasibility studies, Government has decided to scale up Prevention of Mother to Child Transmission Programme in the entire country in a phased manner. In the first phase of the Programme, Medical Colleges of the six high prevalence States namely Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur and Nagaland will be covered followed by District Hospitals in these States. In the second phase of the programme, Medical Colleges of other States will be covered.

There have been extensive clinical trials of both the anteritroviral drugs *i.e.* Azidothymadine and Nevirapine world-wide. Both the drugs have been found safe for the use in prevention of mother to child transmission of HIV infection. Azidothymadine and Nevirapine were included in the WHO model list of essential drugs in 1999 solely for indicating the prevention of mother to child transmission of HIV infection.

The World Health Organization (WHO) technical declaration in October, 2000 carefully revised the available information and concluded that benefits of decreasing mother to child transmission with these anteritroviral drugs, Prophylaxis, regimens greatly outwayed concern related to development of drug resistance.

The Food and Drug Administration (FDA), USA reviewed medwatch reports of serious adverse events in persons taking Nevirapine for post exposure prophylaxis received by Food and Drug Administraiton (FDA). This report summarizes results of that analysis and indicates that healthy persons taking abbreviated four weeks Nevirapine regimen for post exposure prophylaxis are at risk for serious adverse event. It has advised that clinicians should use recommended PEP guidelines and dosing instruction to reduce risk of serious adverse events.

However, short term safety and tolerance of single dose Nevirapine being used for mother-to-child transmission has been demonstrated in various clinical trials conducted World-wise.

Expenditure on Health

3502. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the per capita expenditure on health programme in developed, semi-developed and under-developed countries; and

(b) how do we compare our expenditure?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b)A Statement showing annual per capita total expenditure on health at official exchange rate (in US $) in some developed, semi-developed and under developed countries is annexed.

Statement

Annual per capita expenditure on health in select developed, semi-developed and under developed countries

Country	Annual per capita total expenditure on Health at Official exchange rate (in US$)
U.S.A.	4055
Denmark	2737
Germany	2697
France	2297
Japan	2244
Canada	1847
Australia	1672
U.K.	1628
Malaysia	84
Thailand	71
China	34
Sri Lanka	29